

RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

INDEPENDENT EXPENDITURE REPORT 72010 ELECTIONS

Name of Person/Committee Making Expenditure(s) Mailing Address 1E 04332 Telephone 252-7830 City, Zip Code Please check the appropriate box for the report you are filing and complete the notarized affidavit and attached schedules. Reports must be filed on weekends and holidays if that is when they are due by faxing the report to the Commission (287-6775). The Commission must receive the signed original report within 5 days after the fax was received. INDEPENDENTSEXPENDITURES OF MORE THANS 250 PER GANDIDATE Independent expenditures of more than \$250 per candidate per election must be reported to the Commission within 24 hours of making the expenditure. Once the aggregate amount per candidate exceeds \$250, any additional expenditures, regardless of amount, must be reported within 24 hours. Report of Independent Expenditure over \$250 per Candidate Independent Expenditures of More than \$100 and up to \$250 per Candidate (selectione report): If the total of expenditures per candidate exceeds \$100 but is not more than \$250, the expenditures must be reported according to the schedule below. Once the amount per candidate exceeds \$100, all subsequent expenditures must be reported, regardless of amount, up to \$250 per candidate. Once the amount spent per candidate exceeds \$250 in the aggregate, independent expenditures must be reported within 24 hours. Do not include expenditures that you listed in previously filed reports. During the 13-day period before an election, all independent expenditures must be reported within 24 hours. Reporting Period Filing Deadline Through March 31 April 12 Through May 26 - June 7 Within 24 Hours Through July 8 July 15 October 20 - November 1 Within 24 Hours January 18, 2011 Through January 5 Amendment to report dated:

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Other (specify):

Signature of AC or Party Treasurer, or

Other Authorized Person Making Expenditure(s)

Date



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INDEPENDENT EXPENDITURE REPORT - 2010 ELECTIONS

AFFIDAVIT

STATE OF Maine COUNTY OF CUMberland
I, ANTHOWY L. PAYME, being duly sworn, attest that I made each of the expendi-
tures listed in the attached report independently, and not in cooperation, consultation, or concert with, or at
the request or suggestion of, the candidates named in the report or the authorized committees or agents of
the candidates. Signature of Affiant
Sworn to before me, this $\frac{28}{48}$ day of $\frac{2010}{48}$ (Notarly Public/Attorney at Law)
My commission expires:
JENNIFER SARA GILES DIONNE NOTARY PUBLIC STATE OF MAINE My Commission Expires July 3, 2015

Page.	of	
(Sched	ule B-IE	-1 only)

Schedule B-IE-1

CANDIDATE(\$) SUPPORTED/OPPOSED

- Please list all candidates that were the subjects of independent expenditures.
- If more than one candidate was the subject of the expenditure, allocate the expenditure among the candidates.

Office sought by candidate (Including district #or county)	© Gandidate's name	Indicate whether expen- diture was made in sup- port of or in exposition to the candidate	Amount ex- pended this reporting pe- riod for each candidate	
528	Laurence Greenlaw	7509962	780.6≥	
528	Lauvence Greenlan	20) Part	Z2.00	
75H	J. Benjamin Wooten	2008002	475.20	
H 37	J. Benjamin Wooten	SUPPORT	25°w	

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Total expenditures for all candidates this reporting period. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C.				

Page ____ of ___ (Schedule B-IE-2 only)

Schedule B-IE-2

PAYMENTS AND OBLIGATIONS

- Please Indicate the date, payee, expenditure type, and amount of each expenditure.
- If you are reporting an agreement or obligation to make a <u>future payment</u>, please check $(\sqrt[4]{})$ the box next to the expenditure type.

MHS Mail H (PHO) : Pflone (POL Polling	ousa(all sarvices purchased). #RAD Radio ads. pr banks automated telephone calls # PVN #TV of cable a	ds only (newspapers, magazin oduction costs ps, production costs on, registration, hosting, (marns a description)	
Date of expenditure	₹ "Rayee ,address, zipscode	Expenditure type:	Amount
5/28/10	Ellsworth American	PIST	780.6≥
5/28/10	Penabscot Bay Fress	PRT	475.20
5/27/10	Alliance for Maine's Fiture	OTHER (BESIGN)	104.00
			·
	1359.82		
	•		
Th	1,359.82		